

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048606

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12640

STATE FILE NUMBER

FILED JAN 10 1963

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. LouisLength of stay in 1b
D.O.A.2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION BARNES HOSPITALInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
4321a Warne AvenueReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
AUGUSTMiddle
A.Last
MUELLER

4. DATE OF DEATH

Month
DECEMBERDay
29Year
19625. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
3-3-19079. AGE (last birthday)
55IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laborer10b. KIND OF BUSINESS OR INDUSTRY
Maurice-Keeven11. BIRTHPLACE (City and state or country)
Bloomsdale, Missouri12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Valentine Mueller

13b. MOTHER'S MAIDEN NAME

Elizabeth Sucher

14. NAME OF HUSBAND OR WIFE

Olive Mueller

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
yes 2nd World War

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Olive Mueller, 4321a Warne Avenue

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

RUPTURE OF ABDOMINAL AORTIC ANEURYSM WITH
RETROPERITONEAL HEMORRHAGEINTERVAL BETWEEN
ONSET AND DEATH
24 hrs.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

ARTERIOSCLEROSIS OF ABDOMINAL AORTA

years

DUE TO (c)

451X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT : SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1/26/60

to 12/29/62

and last saw her

him alive on 12/29/62

Death occurred at

9:08 P.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree title)

M.D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

12/30/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

Jan. 2, 1963

23c. NAME OF CEMETERY OR CREMATORY

Mt. Lebanon Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Missouri

24. FUNERAL DIRECTOR

Math Hermann & Son, Inc., 2161 E. Fair Ave
St. Louis, 7, Missouri

25. DATE RECD. BY LOCAL REG.

DEC 31 1962

26. REGISTRAR'S SIGNATURE

Dean Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chen W. H. H. H.

Licensed Embalmer No. 3737

P. O. Address H. J. J. J. J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.